

MDHHS Network Adequacy Standards: Medicaid Specialty Behavioral Health Services

Overview

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the adult and pediatric populations. Pursuant to these regulations, MDHHS drafted and disseminated a draft set of standards for stakeholder review and discussion. Discussions with stakeholders resulted in a course of action for each Prepaid Inpatient Health Plan (PIHP) to create a Network Adequacy Plan that will be utilized to effectuate the standards. The plan will reflect each region's unique demographic and geographic components to make the standards tangible and meaningful to the population served. First drafts of plans are due to MDHHS by November 30, 2018.

Purpose of Document

This document serves as a procedural document to the Network Adequacy Standard Policy currently in public comment (1837-BHDDA). Moreover, this document supersedes the draft set of standards that MDHHS provided. The document will be modified as appropriate to reflect updated data, changes in strategic priorities, and as determined by MDHHS. Most importantly, this document sets forth the minimum standards required by Michigan's Prepaid Inpatient Health Plans (PIHPs) and provides overarching parameters for each PIHP's plan to effectuate the Network Adequacy Standards.

Specialty Behavioral Health Network Adequacy Standards

Pursuant to the federal rules, Michigan's specialty behavioral health standards reflect Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities. These services for adults include Assertive Community Treatment, Crisis Residential Programs, Opioid Treatment Programs, and Psychosocial Rehabilitation Programs (Clubhouses). For children, services include Crisis Residential Programs, Home-Based, and Wraparound Services. Adults and children have distinct standards for Crisis Residential Programs. The chosen standards reflect the top quartile of enrollee-to-provider ratios (except for Crisis Residential Programs, which reflects a distinct methodology based on the number of beds per total population).

Adult Standards

Adult Services	Standard
Assertive Community Treatment	30,000:1 (Medicaid Enrollee to Provider Ratio)
Psychosocial Rehabilitation (Clubhouses)	45,000:1 (Medicaid Enrollee to Provider Ratio)
Opioid Treatment Programs	35,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential ¹	16 beds per 500,000 Total Population

Pediatric Standards

Children's Services	Standard
Home-Based	2,000:1 (Medicaid Enrollee to Provider Ratio)
Wraparound	5,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential ¹	8-12 beds per 500,000 Total Population

¹ TBD Solutions. (2018). MDHHS Crisis Time-Distance Standards Recommendations Report. Utilizes standards of 16 and 8-12 beds per 500,000 population for adults and children, respectively.

Parameters for PIHP Plans to Effectuate the Standards**Federal Requirements**

Pursuant to the federal regulations, States must consider the following in developing Network Adequacy Standards:

- i. The anticipated Medicaid enrollment.
- ii. The expected utilization of services.
- iii. The characteristics and health care needs of specific Medicaid populations covered in the MCO, PIHP, and PAHP contract.
- iv. The numbers and types (in terms of training, experience, and specialization) of network providers required to furnish the contracted Medicaid services.
- v. The numbers of network providers who are not accepting new Medicaid patients.
- vi. The geographic location of network providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Medicaid enrollees.
- vii. The ability of network providers to communicate with limited English proficient enrollees in their preferred language.
- viii. The ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities.
- ix. The availability of triage lines or screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.

State Parameters

In light of the above, MDHHS requests that the PIHPs compose a plan to implement the standards. The main goal of the plan is to elicit how the standards will be operationalized to be meaningful, tangible, and optimally comprehensible to the specific persons served within each region. Understanding that regions are diverse in terms of geography, demographics, and acuity, MDHHS expects to see nuances within the plans to best accommodate the local populations served. Plans should consider at least the following parameters to effectuate the standards for each service cited in the tables on Page 1:

- 1) Maximum time and distance
- 2) Timely appointments
- 3) Other standards:
 - a. Language
 - b. Cultural competence
 - c. Physical accessibility

Plan Format

To promote standardization and to ease administrative burden, MDHHS requests the plans be no more than 10 pages and adhere to the following format:

- 1) Introduction
- 2) Description of Current Network Adequacy Relative to the MDHHS Standards
- 3) Description of How the PIHP will Implement the MDHHS Standards
- 4) Description of Barriers to Implementing the MDHHS Standards
- 5) Description of Strategies to Mitigate the Barriers to Implementing the MDHHS Standards
- 6) Special Considerations for MDHHS